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THE
STUDY OF OPHTHALMOLOGY
IN ITS
SIGNIFICANCE TO MEDICINE.

BY

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THE STUDY OF OPHTHALMOLOGY

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WHILST in the irrestrainable progress of Medical research it is our every-day duty to collect facts and establish them by observation and experiment, we fitly employ the leisure of a festive day in pondering their inward connexion and refreshing the mind by a survey of the culture attained. Let us, then, in this hour of commemoration, briefly examine in what measure the cultivation of ophthalmology in recent times has tended to fertilise the mother soil of our common Medical science.

It bears a selfish stamp, no doubt, when we appear to put forward a special claim on behalf of a branch of inquiry to which we are ourselves devoted by preference. The comprehensive and penetrating view for which we are indebted to a particular study but too easily interferes with a condign appreciation of other pursuits not less momentous. But, readily as we admit that it is one and the same pabulum which circulates through the entire body of natural science, and that everywhere the same method is needed to animate and fructify, it is yet a fact that in certain periods of growth particular branches may acquire a preponderating influence upon the whole, and consequently special distinction. If, precisely in this sense, ophthalmology has lately attained to a distinguished position, it is essentially owing to the nature of its subject.

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It has been felt by the thinking Physician at all times that morbid tendencies and processes remain but too often hidden under indistinct and fallacious symptomatic appearances, and that, respecting inward diseases, we are therefore placed in this dilemma—either, if too forward in our assumptions, of meeting with many deceptions, or, if too reserved, of confining our judgment almost entirely to the products of disease. These, however, once formed, leave us but little scope for treatment, the progress of change being at this period immutably determined. The latter truth has in fact become a deeply-rooted conviction in modern Medicine. It has led to the adoption of the expectant method in many of the gravest conditions of disease. It is the same conviction, indeed, that has stimulated the true disciples of the healing art to confront the obstacles to an early recognition of morbid states with all the weapons of acute observation and searching analysis, and triumphant sagacity has achieved many a glorious conquest for the benefit of mankind. Yet it is only now and then that such propitious results are vouchsafed; in many places the dark remains impenetrable. The truly pathogenetic Medicine, the living art clothed with the power of healing, dawns on the horizon as it were, but there are yet immeasurable spaces of knowledge to traverse before it shall see its day as a natural science, with the absolute—*i.e.*, the mathematical method, for its luminary.

The barriers to progress are, on the one hand, the imperfect accessibility of the organs; on the other, our insufficient acquaintance with their functions. Anomalies, the connexion of which with remote causes is rendered indistinct by intervening links inconstant and often unknown, are frequently our only diagnostic guides, and the yieldings of physical exploration, much as it has accomplished, hardly ever outstep the sphere of the coarser products of disease.

It is evident that we may push our study into higher regions where the obstacles to observation and deduction are less powerful, and in this respect the eye, of all the organs of the body, affords us the most extraordinary advantages. Not only superficially situated like the skin, but transparent to some depth, and, since Helmholtz, to the very bottom, whether we inquire after the first inklings of disease, those slighter aberrations from the equilibrium of health, or search for important therapeutic facts—when wearied, perhaps, by observation and meditation on many a circuitous and misleading path—the eye presents to us an open field where correct analysis is speedily rewarded and error as readily set right.

In the eye the most different structures are laid open before us which elsewhere we find but enwrapt or concealed. In the conjunctiva, and, in morbid conditions, in the cornea also, the vascular channels appear with unparalleled distinctness, and even the application of the microscope is permitted to the pursuit of the most subtle study of vascular processes, partly physiological, partly and especially pathological or medicinal. But a still richer source presents itself in the vascularisation of the retina, which from trunks to capillaries, owing to the perfect transparency of the anterior structures, appears more than twenty times magnified in the direct ophthalmoscopic examination by means of the erect image. Here, and here alone, our observation disposes of a patent and complete piece of circulation from artery to vein. This piece, however, is nothing else than a peripheral offshoot of the cerebral circulation, and hence of particular significance. For here the processes of venous stagnation, arterial ischæmia, embolism, and extravasation, may be studied most directly, and followed up through all their phases. Hence, information may here be obtained free from the blemish of inadequacy either of facts or interpretation, so often the cause of variance between the clinical ward and the dissection-room.

Yet more characteristic still than the aspect of the vessels is the appearance of the optic nerve which presents itself not with its surface only, but transparent to a certain depth the only nerve in the whole organism, which we have the satisfaction of beholding face to face, and in which the most important types of disease, especially nerve-inflammation and various forms of atrophy, delineate themselves from their first beginnings. Withal the optic nerve bears a far more direct relation to the central organs of the nervous system than belongs to the ordinary sentient and motor nerves. The optic nerve and the retina, as we know from the history of development, are in reality portions of the brain projected to the surface; nothing then more intelligible than that cerebral alterations frequently mirror themselves on the optic papilla, accessible to our view. Of suchlike reflections already a variety are recorded in the annals of ophthalmology as so many contributions to the still obscure diagnostics of cerebral disease; and yet this mine has only just been opened, its more thorough working being still in abeyance.

Again, the observations on the optic nerve have shed a profusion of light on groups of disease, which so long had been wrapt in obscurity. The peculiar excavation of the optic papilla, consequent on excessive intraocular pressure, furnished the key to the understanding of the heretofore incurable glaucomatous affections. Morbid conditions of the most various aspect came to be recognised as intimately allied to each other through their analogous effect upon the optic nerve. By the novel and yet unassailable pathology and therapeutics of these disorders even enlightened ophthalmologists were struck with surprise, and but reluctantly recorded their acquiescence.

Besides the vessels and nerves, however, the parenchymatous structures also exhibit their characters in the transparent eye with a distinctness unknown anywhere else. Inflammatory and nutritional disturbances, as a rule, mar the optical homogeneity, and hence the transparency of the elements. Those disturbances, therefore, whether they affect the cornea, the lenticular system, the vitreous body or the retina, become manifest even in their lowest degrees ; but just these are pathogenetically and therapeutically the most interesting. Here we do not meet with that latency of structural alteration which, when dealing with internal disease, so frequently confounds us that almost every autopsy enables the pathological anatomist to discover anomalies unrevealed during life—that latency in particular of the first beginnings of disease, to meet which we are for the most part so sadly incompetent.

Under so favourable diagnostic circumstances the disorders of the structures just referred to could not fail to invite the elucidation of general pathological questions. While in reference to the doctrine of inflammation we are indebted to the study of the cornea for the most important lights, the diseases of the vitreous body also, the proliferations of the intracapsular cells, etc., have strengthened the conviction that the inflammatory process does not for its formation indispensably require the direct influence of the vessels, but simply the presence of cellular structure.

The tissue of the retina, anatomically one of the most delicate fabrics within the human body, appears also among the nervous organs to be endowed with an extraordinary measure of vulnerability which causes it to resent by visible anomalies the most various affections of the blood or other organs. Thus, in renal and heart disease, in arterio-sclerosis, anæmia, leucæmia, syphilis, hæmorrhagic diathesis, and diabetes mellitus, we find the retina sometimes affected in a manner characteristic of the fundamental cause. As a very striking example in this respect, we may mention the retinal affection dependent on chronic disease of the kidneys. Whilst the primary disorder often carries on its work of destruction in a very disguised manner, the patient and perhaps even a less attentive

Medical adviser being yet unaware of its existence, the secondary affection reveals itself at once so strikingly in the eye, that perhaps hundreds of times already the renal disorder was, if we may say so, first detected in the retina. But this example is still in another respect instructive. The weakness of sight attending renal disease was known before the advent of the ophthalmoscope, but it was thought, not without a show of reason, that the cause of the amblyopia was the action on the cerebral substance of a blood overloaded with urea. Since, however, direct examination proves in the vast majority of cases the existence of a characteristic affection of the retinal structure, the question, we think, very naturally suggests itself—What might become of many other blood diseases if we could but watch the organs as we do here? Less frequent, though not less instructive, are the embolic processes occurring in the retina, as they again direct our attention to their effecting causes in the organs of circulation. And these conditions have, besides, a particular pathological value in that the sequential effects of vascular obstruction, as to which much yet remains to be cleared up, exhibit themselves likewise in the retina. In regard to syphilis also the retina has afforded us valuable intelligence, and more particularly the strict proof that specific structural alteration in recondite organs may take place without any intervention of mercury, even within a very short time from the primary seizure. Examples of this kind might be multiplied if the pressure of time on this occasion did not forbid us to enter more fully into the subject.

The principal advantage accruing from the transparent nature of the eye we comprehend, then, to be the intimate concurrence of clinical and pathologico-anatomical observation—the very object for which modern Medicine is striving with every effort, it is true, but with very unequal success in its several disciplines.

As the second circumstance which hinders pathology from developing itself to a natural science, we have before adduced our imperfect insight into the functional relations of the organs. In this respect, again, ophthalmological studies place us on favoured ground. Already in the external motor apparatus we meet with an arrangement singularly accessible to mechanical analysis. We have a sphere with an immovable point of rotation, which three pairs of muscles rotate in conformity with their own axes of rotation. The resulting traction, the force, the weight, and the resistance are susceptible of measurement and calculation. The positions of the eyes require to be effected with peculiar accuracy, for they are purposed always to confront particular districts of the retina with the external objects, and the very smallest departure forthwith results in sensible perturbation of the visual act. But this precision becomes yet wondrously enhanced when we consider the postulates of the co-operation of both eyes. For the accomplishment of binocular vision it is necessary not only that each eye by itself command all the required positions, but that both eyes realise their correlative positions under a constant distribution of the will. Hence if the least disturbance come to affect either the muscular action or the nerve conduction, a faulty effect will be the consequence. Therefore, in regard to either of these, we have here so delicate a gauge as nowhere besides exists in the human body. For elsewhere it is but too difficult to distinguish between the slighter degrees of paresis and the physiological variations of muscular force, and under the same disguise muscular affections of the most various descriptions often escape our attention until they have attained to a very high degree. With the ocular movements the exigencies of symmetry are absolute, the regulating act of vision equalises the action of nerves and muscles on both sides with the most exacting accuracy, and thus it becomes possible for the share of what is pathological also to be exactly determined. In this way the doctrine of the motor disturbances of the eyes is grown to be a chapter of Medicine, which, in regard to precision, as well as to thorough consonance of physiological, pathological, and therapeutical notions, may be esteemed a pattern to all doctrine. Whoever has attended to these studies earnestly, must have felt deeply impressed by the observation of what accuracy is here required from the Physician in his measurements, what certainty in his calculations, and what prudence in his combinations, in order to effect a cure characterised itself by so much precision.

This study, however, carried to such perfection, has also exercised a great influence upon the chapter of cerebral and nervous disease on the one hand, and upon general pathological and therapeutical questions on the other. The capacity of demonstrating to a certainty disturbances of innervation within the territories of the third, fourth, and sixth cerebral nerves could not fail to affect the diagnostics of intracranial disease, the symptomatology of which in its commencement is often so vague. The mere deviations from the equilibrium of antagonism, which had been so apt to be mistaken for disorders of innervation, were definitely dissociated from the latter. The question which has caused so much discussion, whether the affection occupied the muscle or the nerve, was here, with regard at least to the majority of the respective morbid occurrences, definitively settled. Furthermore, the inquiry into the dynamic equilibrium of the muscles has established the fact that if the positions of the eyes are, though to all appearance correctly, effected by an excessive expenditure or an unequal distribution of muscular force—for which excess we are able throughout to find a numerical expression—the endurance of the visual act, or, as the case may be, the circulatory and nutritive functions of the organ will suffer. It is especially the deficiency in perseverance of many myopic eyes, and the rapid increase of myopiæ, that have found their explanation in such derangements of the dynamic equilibrium, the proper treatment, but chiefly, by the operative removal of which we have become enabled to remedy their evil consequences just referred to, which place the organ in serious jeopardy.

In reference to the thoracic and abdominal organs, it has always been admitted that abnormal muscular action operating from without injuriously affects their functions. The same fact, however, which elsewhere can only be conceived and explained in a most complex manner, the muscular mechanics of the eye enable us to express with perfect exactness, and a most important object for prophylactic Medicine is thus secured. Lastly, the controversy which has so long been carried on in Surgery, whether the effect of tenotomy is merely mechanical or partly dynamical, was here soon decided in the former sense; whilst, moreover, in a manner pathologically most instructive, the reasons were laid open why, with the conditions of weight altered, the judgment becomes apt to err in regard to the innervation.

If we turn our gaze from the mechanics of the muscles to the functional relations of the refracting media, we may still more confidently assert that natural philosophy has poured its light on this province, and that pathology and therapeutics have here met with a truly scientific culture. It is known that the refracting media constitute a nearly concentric system of lenses, calculated to enable the incident light to produce distinct images on the retinal screen which is endowed with specific sentient energy. Hence the functions of the refracting media, whether normal or anomalous, are subject to all the rules of dioptrics: the doctrine of them must in the main be a chapter of applied dioptrics. In order to realise this, all the parts of the refracting apparatus had to be tested like those of an optical instrument. The forms and degrees of curvature, and the axes had to be determined for all the limitary surfaces. and the index of refraction of each of the media measured, Infinite difficulties seemed to oppose this object; for the curvatures are of different, and noways throughout simple, form; the number of limiting surfaces and of indices of refraction is, in consequence of the stratified nature of the lens, enormously multiplied; and the presumed disposition of the whole system around one principal axis was found not to be pervading. But as in the construction of the organ of vision the wonder of the creating power seems to culminate, eminent optical perfection being here obtained in spite of great apparent complication, the human mind has also bestowed its best labour on the scrutiny of that organ. The research of centuries, unweariedly pursued by most sagacious men, has more and more subtilised the method of observation and deepened the calculations. Mathematicians, natural philosophers, physiologists, and physicians, have fought the battle in the field of physiological optics, and perseverance in siege and ingenuity of assault have succeeded in conquering the most arduous places, for ever to be the possession of the human mind.

The harvest reaped on physiological ground was soon to bring forth fruit in the field of pathology. On the three conditions of excessive, deficient, and irregular refraction of the media are based respectively the three principal forms of anomaly of refraction—viz., myopia, hyperopia, and astigmatism. Their causes and characters, as to which so much uncertainty had obtained, are now cleared up to evidence. Abnormal curvature of the separating surfaces, sometimes alteration of the indices of refraction, or even absence of certain refracting media, for the most part, however, abnormal length of the optic axis, were recognised to be the substrata; and the optical correctives, by the aid of which the eyes of so many become enabled to perform their functions, were regulated in accordance with firmly established principles.

We know that in former times confused notions and curious views were entertained in ophthalmic practice with regard to the use of spectacles. Now and then even able oculists repudiated the employment of glasses as something decidedly perilous to the normal function of the eye, as though some mysterious inimical power was lurking in the innocent piece of glass. This prejudice arose from the undeniable fact that much harm may be done by the use of unsuitable glasses. The true rules for guidance in this respect date from a recent period. A spectacle glass by its optical quality alters the direction of the rays impinging on the eye; in order to unite them on the retina after they have been subjected to the action of the glass, the eye must make a certain compensatory effort of accommodation. The latter is susceptible of exact calculation, and it can be determined with the same exactness, whether this effort implies a prejudicial expenditure of force relative to the amount of accommodative power at disposal. If the contrary can be proved, we have no reason whatever for denying the patient the free use of his glasses. Again, a resort to glasses is most proper wherever we find them equal to correcting anomalies of refraction, and thereby effecting an approximation to the normal condition. As an example, we may adduce the ordination, for regular astigmatism, of cylindrical glasses, a practice but recently adopted, by means of which we are able to neutralise excessive differences of refraction between the vertical and horizontal meridians as they occur in certain eyes, the visual acuteness and endurance of which we can thus materially improve.

Let us, further, for a moment dwell on the anomalies of accommodation. The wonderful capacity of the human eye, voluntarily to change its dioptric qualities, and thus to adjust itself, now for near, now for distant objects, has early attracted the attention of the student, but it is once more a triumph of the last twenty years to have demonstrated the physical alterations within the eye, by which this purpose is accomplished. Whereas formerly the most various hypotheses were entertained regarding this enigmatical process, and occasionally the very fact, because inexplicable, was denied altogether, it is now proved that by an act of the will performed in the service of vision, the curvatures of the anterior as well as the posterior surface of the lens are changed, whereby the focal distance of the dioptric system is respectively diminished or increased. But whilst we cannot refer to this discovery without a feeling of deep gratification, we must not, on the other side, disguise from ourselves that, in regard to the instrumental muscular agency, we are still somewhat in the dark.

We are aware that the external muscles, which were thought to play the principal part in the adjustment of the eye, are inoperative, and the like is proved of the musculature of the iris. But if, after these exclusions, we limit our attention to the tensor choroideæ, we must admit that, despite all the research hitherto devoted to this muscle, we still ignore its exact share in the work of accommodation. Here, then, remains a very important desideratum to be supplied. This, however, has formed no obstacle to the most exact study of the anomalies of accommodation; and to Donders, the great conqueror in this field, we are above all indebted for the dissociation of accommodation diseases from the defects of refraction. Whilst the latter solely depend on abnormal qualities of the refracting media, anomaly of accommodation implies a perturbation in that range within which the voluntary qualifications of the refracting media are realised. By this fundamental discrimination the notions throughout this chapter have experienced a material change. Thus, *e. g.*, the farsightedness which creeps in with advancing age was previously held to depend on a decrease in the refracting powers, from a belief that the curvatures of the surfaces of separation in the eye became flatter as its humours lessen with age. At present, we know that presbyopia signifies a shortening of the range of accommodation, with which, at greater age and in a very subordinate sense only, a slight decrease of refraction associates itself. Presbyopia, therefore, has ceased to belong to the defects of refraction, and now ranks among those of accommodation. Nor is it any longer regarded as opposed to myopia, for, according to our present views, presbyopia and myopia may even coexist in the same eye. Instead, a quite different defect, viz., hyperopia or hypermetropia, itself an anomalous state of refraction, stands henceforth contrasted with myopia. But in another respect still has the meaning of presbyopia undergone a thorough change. It has been discovered, namely, that the decrease of accommodation does not commence in the second half of life only, but can be demonstrated already in the earliest periods of life which admit of the necessary measurements. And thus the range of accommodation, under otherwise normal circumstances, becomes tantamount to a gauge by which the age of life may be determined.

Only after the range of accommodation had received its numerical expression by the adoption of an equivalent focal value, and after the variation of that range under the influence of varying degrees of convergence had been measured and analysed, could the correct values be found for the muscular efforts which the eye has to make according to any particular postulate of accommodation; and thence, as we hinted before, the chapter on spectacles had to be completely remodelled. A further result was the fresh insight obtained into the conditions for the occurrence of an extremely frequent form of asthenopia and the causes of many instances of abnormal position of the eyes, especially of concomitant squint.

Thus we find here an abundance of novel research, animating, reforming, and beneficially creating with surprising speed, and all this we owe to a more enlightened comprehension of the functions, based on physical science. Correspondingly, the disorders of refraction and accommodation have come to be a most interesting field of truly functional therapeutics. We here see the perturbations of function by much precede the anatomical alterations; we observe how by degrees the integrity of the organ comes to suffer if we do not remove those functional disturbances—*e. g.*, if we omit to rectify the too small or indistinct retinal images of the presbyopic, or to lessen the excessive accommodative efforts of the hyperopic. It is just this sort of information which we so frequently desiderate in Medicine. For, most diseases, and especially the chronic, are undoubtedly ushered in by functional anomalies, yet to fathom these we are elsewhere but rarely admitted.

In conclusion, we would say a word in reference to the innervation of the retina. Also in this chapter, though much yet is left for the future to reveal, our recent times have seen a mighty impulse given. Apart from the eminent culture bestowed on the minute histology of the retina, many a previously obscure physiological question has been brought near its solution. As a notable progress in pathology, we must acknowledge the greater attention devoted to the condition of the visual field. The field of vision is, so to say, the functional minute of the totality of the retinal area, and an exact delineation of anomalous retinal function could only be thought of when, instead of simply consulting the faculty of perception, that comprehensive minute came to be submitted to perlustration. By this method we frequently, in case of disease, obtain as it were a map of the retina, from the living or extinct provinces of which we may draw the most weighty inferences concerning the nature and course of the disorder, whereas in regard to other nerves we are mostly limited to a summary valuation of the perceptive capacity, of which the method, too, leaves much to be wished for. Since a more perfect diagnostic procedure enables us to compare the acuteness of perception belonging to any given retinal district with its normal value, and even numerically to define it, this ground is eminently fitted for the detection of slight disturbances of innervation—*e. g.*, limited mutilations or peripheral diminutions of energy. Altogether, the standard of exploration is here of a more subtle nature. Whether we test the sensibility of our retina by the distance of two fixed stars which can just be separately recognised, or whether by means of compasses we measure the distance of two points of skin, which can just be distinguished as separate, we employ one and the same method, it is true, but whoever has frequently tried both experiments will be able to judge where the results are more exact, where less ambiguous or fortuitous. Lastly, upon the diagnostics of cerebral disease the study of the innervation of the retina has exercised a most considerable influence. I will only advert to the subject of temporal and equilateral hemiopiae, from which, with due consideration of the accompanying symptoms, we often determine the nature and seat of an intracranial process.

Are we, then, again to comprehend in one expression the advantages flowing from the perspicuity of the ocular functions, we find them in the close amalgamation of pathology and physiology, just as heretofore we noticed the intimate concourse of clinical and post-mortem observation as characterising the pursuit of ophthalmology. Since this harmonious co-operation, however, will be admitted to be the highest object of a true and potent art of healing, it follows that ophthalmological studies are eminently fitted to lead the van of progress.

Penetrated with this truth, we are most anxious to encourage propensities for such study; but far from desiring that the beginner, standing, as it were, on the threshold of Medicine, should venture on the occupation with a subject so complex and requiring so much preparatory knowledge, we do advise that the thoroughly trained student, conversant with the tendencies of Medical science, should go to sharpen his senses and exercise his thinking faculties in this devoted though minor temple of observation.

As is the fate of all specialities, ophthalmology also has been reproached with its separation from Medicine. This reproach can only apply to that degenerated specialism which forgets that the organ has its root in the organism, and that the mechanism of the former cannot be successfully explored without an insight into the life of the whole. But the reproach does not affect those special studies which, on the foundation of the great organic science, consistently arise, and the results of which redound again to the growth of the mother science. That with the present dimensions of Medicine, its progress mainly depends on such special studies, is a fact sufficiently confirmed by the annals of the science, and every day and everywhere attested by the voice of the public.

As regards, finally, the academical position which ophthalmology is entitled to occupy, this can no longer be a matter for doubt. We can well understand that in a time overflowing with requirements of the most multifarious order, not every claim, however solid, can be satisfied, and in this we are willing to see the reason why, just in our Prussian country, the want of a distinct representation of ophthalmology at the Universities is yet so imperfectly supplied; but we would be at a loss to understand how a question could be raised now-a-days as to the real necessity of such representation. It is more than half a century since the revered Beer mounted the first chair for ophthalmology, and nearly as long since a generally acknowledged want caused professors of ophthalmology to be appointed at all the Universities of Austria. What has become of ophthalmology since? Surely it is a difficult matter to define the measure in which the material of knowledge increases, yet if we assume it to have increased tenfold in ophthalmology, we trust we shall not, by those competent to judge, be charged with exaggeration. Were we to assume, however, that since the period when the necessity for separate academical representation was generally admitted at the nursery of German ophthalmology, the capacities of our Medical colleagues have increased twenty times, so as to enable them to represent still another most comprehensive discipline besides ophthalmology—we say, were we to assume this, we should at all events not be deemed to have progressed in modesty since the days of our deserving forefathers. One example may serve to give an approximate idea of the augmentation of material in ophthalmology. The chapter on diseases of accommodation and refraction was, no longer than twenty years since, generally treated in a few pages, or, at most, a few dozens of pages. Two years ago, a man, the clearness and precision of whose style is known to the world, published a book on this subject, which in extent somewhat exceeds the size of many treatises on special pathology and therapeutics, whilst yet casuistic matter is but most charily admitted in the work; this, moreover, is written in English, a language which necessitates, as much as it favours, conciseness. And if men like Donders and William Bowman, who, after having, with the impulse of genius, sounded the depths of Medical science, betook themselves to ophthalmological studies—if they admit that now-a-days it is no easy task for any one to master the whole science of ophthalmology, the academical average minds—*sit venia verbo* - for whose capacity the plan of lectures is devised, will have to abstain from the venture of teaching with one corner of their brain the present ophthalmology, and with the bulk another discipline.

The position which I am here defending is, I believe, one generally admitted among the Profession in Germany. But in France there are still Surgeons who do not flag in their attacks upon the separate study of ophthalmology, and in whose opinion, though sufficiently proved to be untenable by their own ophthalmic performances, ignorance and indolence are here and there still content to acquiesce.

Here, in this worthy school, ophthalmological studies, so long as I can remember, have met with a lively response and often an enthusiastic reception. For the continuance of this spirit vouches the flourishing state of the institution which owes so much to the protection of our beloved king, the benevolent interest of the curator, and the indefatigable industry of the Board of Directors, who are unremitting in their exertions to perfect and extend the plan of studies. Thus we may trust that these halls, over which a history of seventy years sheds its lustre, will ever send forth men of thorough culture, and fitted for original labour, to the honour of our exalted science and the glorification of the sacred art of healing. Let that happy augury be the crowning sentiment of this festive day.